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**Art Unit: 2115**

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**From : Winston Hsu, Registration No. 41,526**

**Serial No.: 10/711,508**

**Attorney Docket No.: VIAP0130USA**

**Subject: Information Disclosure Statement (IDS)**

**Total Pages: 4 pages (including cover page)**

**Winston Hsu Date: JUN 29 2006**

**VIAP0130USA0\_D1\_5**

PTO/SB/21 (09-04)

Approved for use through 07/31/2006 OMB 0651-0031

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<b>TRANSMITTAL FORM</b>		Application Number	10/711,508
		Filing Date	09/23/2004
		First Named Inventor	Ira Liao
		Art Unit	2115
		Examiner Name	BAE, JI H.
(to be used for all correspondence after initial filing)		JUN 29 2006	
Total Number of Pages in This Submission	3	Attorney Docket Number	VIAP0130USA

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	JUN 29 2006	Reg. No.	41,526

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Jun Yu
Date	JUN 29 2006

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PTO/SB/17 (12-04v2)

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**Effective on 12/08/2004**  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
**FEE TRANSMITTAL**  
**For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)**0.00**

**Complete if Known**

Application Number	10/711,508
Filing Date	09/23/2004
First Named Inventor	Ira Liao
Examiner Name	BAE, JI H
Art Unit	2115
Attorney Docket No.	VIAPO130USA

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **50-3106** Deposit Account Name: North America Intellectual Property Corporation

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 Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20				200	100

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 4(f)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50	(round up to a whole number)	x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): submission of Information Disclosure Statement

Fee Paid (\$)

**0.00**

**SUBMITTED BY**

<u>Signature</u>	<u>Winston Hsu</u>	<u>Registration No.</u>	41,526	<u>Telephone</u>	3027291562
Name (Print/Type)		Date	JUN 29 2006		

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Substitute for Form 1449/PTO				Complete If Known	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>				Application Number	10/711,508
				Filing Date	09/23/2004
				First Named Inventor	Ira Liao
				Art Unit	2115
				Examiner Name	BAE, JI H
				Attorney Docket Number	VIAPI030USA
Sheet	1	of	1		

**Examiner Signature** \_\_\_\_\_ **Date Considered** \_\_\_\_\_

<sup>1</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809 Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>2</sup>Applicant's unique citation designation number (optional) <sup>3</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 801.04 <sup>4</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST 3) <sup>5</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document <sup>6</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST 16 if possible <sup>7</sup>Applicant is to place a check mark here if English language Translation is attached

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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